

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41452

State File No.

Registration District No.

84

Primary Registration District No.

5125

Registrar's No.

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town RUSHVILLE RURAL
(c) Name of hospital or institution:
R.F.D. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 77 YEARS
(Specify whether years, months or days)

8. (a) PRINT FULL NAME AMANDA FRANCES GORDON

8. (b) If veteran, name was ----- 3. (c) Social Security No. -----

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MORGAN GORDON 6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. 27 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 15 If less than one day hr. ----- min. -----

9. Birthplace RUSHVILLE MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name ROBERT RIDDLE
13. Birthplace UNKNOWN KY.
(City, town, or county) (State or foreign country)
14. Maiden name MARY S. CATON
15. Birthplace KANSAS CITY MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. R. Gordon

(b) Address RUSHVILLE MISSOURI

17. (a) BURIAL (b) Date thereof DEC. 12/4
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUGAR CREEK

18. (a) Signature of funeral director William Stanton

(b) Address ATCHISON, KANS.

19. (a) Dec 12 41 (b) L. F. Kingery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN
(c) City or town RUSHVILLE RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1941 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 7, 1941, to Dec 10, 1941; that I last saw her alive on Dec 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic fibrous myocarditis - Arrhythmic fibrillation
Coronary & General Atherosclerosis
Diabetes Mellitus
Due to Smoking

Other conditions Smoking
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy -----

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----
(b) Date of occurrence -----
(c) Where did injury occur? (City or town) (County) (State) -----
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 8

While at work? (Specify type of place) (c) Means of injury -----

23. Signature Clayton O. Wallace (M.D.)
Address 504 Commercial Date signed 12-12-41
Atchison, Kans.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

-----, Registered Apprentice No.....
working under my personal supervision.

Signed

William H. Hinton Jr.

Licensed Embalmer No. 3778

P. O. Address ATCHISON KANSAS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.